

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m-g</i>		<i>1/21/02</i>
O.I.P.E. CLASSIFIER		<i>71622</i>	<i>2-14-00</i>
FORMALITY REVIEW		<i>71622</i>	<i>5-22-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

All participants

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(2) _____

Date of Inter

Type: ☐ Tr

Exhibit sho

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Claim(s)

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